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APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE 10/085.703 02/28/2002 Igor Dimitriesich Polyakov 3/400-4-C4 2400

TITLE OF INVENTION: DERMATOMYCOSIS VACCINE

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	)	\$300	\$1630		11/17/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
MINNIFIELD, NITA M		1645		424-274100	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,     (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			Robert	P. Raymond
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						Susan K. Pdcchiari	
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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boehringer Ingelheim Vetmedica GmbH Ingelheim, Germany

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